

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number

VIXS 005

First Named Inventor

Indra Laksono

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:**My residence, mailing address, and citizenship are as stated below next to my name.**

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR CHANNEL MIXING IN A MULTIMEDIA SYSTEM

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checkign the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e) of any united states provisional application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Timothy W. Markison			
Address P.O. Box 342019			
Address			
City Austin		State TX	ZIP 78734
Country USA		Telephone (512) 342-0612	FAX (512) 342-1674
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.c. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Indra		Family Name or Surname Laksono	
Inventor's Signature 			Date 2001-05-17
Residence: City Richmond Hill	State Ontario	Country	Citizenship Canadian
Mailing Address 138 Oldhill St.			
Mailing Address			
City Richmond Hill	State Ontario	ZIP L4C 9Z7	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box +

PTO/SB/81 (10_00)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number

Filing Date

First Named Inventor

Indra Laksono

Group Art Unit

Examiner Name

Attorney Docket Number

VIXS 005

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label Here

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

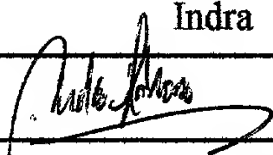
☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Indra Laksono

Signature



Date

2001-05-17

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☒

*Total of one forms are submitted.

SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231